

Carlton-Cook-Lake-St. Louis Community Health Board  
Community Health Improvement Plan

2014 – 2018

December 15, 2014

## **Overview of Community Health Assessment, Leading to CHIP Planning:**

The Minnesota County-level Indicators for Community Health Assessment is a listing of indicators across multiple public health categories and from various data sources. This list of indicators has been gathered together to assist Minnesota's community health boards (CHB) in their community health assessment and community health improvement planning processes.

### **Community Health Assessment is:**

1. Collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health; and
2. The systematic collection and analysis of data in order to provide a basis for decision making.

A thorough and valid Community Health Assessment is a customary practice and core function of public health, and also is a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota CHBs have been required to engage in a community health improvement process, beginning with a Community Health Assessment. As part of Minnesota's Local Public Health Assessment and Planning process, every Minnesota CHB must submit its Ten Most Important Community Health Issues (based on the Community Health Assessment) to the Minnesota Department of Health (MDH) by **February 15, 2015**.

### **Phase 1: Initial Planning Meetings**

An initial planning committee comprised of Sue Erzar, AIK CHB, Jenny Peterson, Generations Healthcare Initiative, Julie Myhre, CCLStL CHB, Marie Margitan, MDH Nurse Consultant completed a cross walk between MDH Statewide Assessment and the MDH's basic set of indicators (compiled by Epidemiologists Kinney and Edelman) and assembled an initial set of data indicators.

The core planning committee continued to meet throughout the summer providing direction to a student intern who inputted data sets into an excel document.

In early September, a diverse set of stakeholders met to review the initial set of data indicators as well as suggest additional data sets:

Facilitators: Jenny Peterson, Marie Margitan, Julie Myhre and Annie Harala.

Attendees: Integrity Health; Barb Westberg, Essentia; JoAnn Hoag, St. Luke's; Mavis Breehm, Lake Superior Community Health Center; Amy Westbrook, MDH; Guy Peterson, St. Louis County; Michelle MacDonald, St. Louis County; Terri Allen, Carlton County; Michelle Backes-Fogelberg; Carol Berg, UCare.

Key Data Sources included:

- Bridge to Health (2000, 2005, 2010)
- Minnesota Student Survey (2004, 2007, 2010)
- Minnesota Department of Health Statistics
- Minnesota Department of Human Services
- Census

The Data Profile was organized into sections similar to the format used by the Minnesota Department of Health in its MN Statewide Health Assessment - 2012:

\*People and Place  
\*Healthy Living

\*Opportunity for Health  
\* Injuries and Violence

\* Chronic Disease and Conditions

## **Phase 2: Opinion Survey September – November 2012**

Over 1,000 residents completed a convenience sample opinion survey either online link or by paper. Questions were taken from surveys developed by Ann Kinney, Epidemiologist at the Minnesota Department of Health. The purpose of the survey was to provide a snapshot of the community's perceptions and opinions regarding health issues which would not only engage additional people in the assessment process but also help inform the prioritization process. Data profile is available on the CHB's website at [www.communityhealthboard.org](http://www.communityhealthboard.org) under "Health Data" tab.

## **Phase 3: Community Assessment Meetings - Fall 2012**

Community meetings were held throughout the fall in locations across the four counties.  
Facilitators for these meetings: Jenny Peterson, Marie Margitan and Julie Myhre

The guiding principles of the assessment process and community meeting were as follows:

- Data-driven from respected sources
- Input from diverse stakeholders participate
- Locally driven
- Assessment would meet requirements (public health, hospitals, etc.)
- Diverse view and opinions welcomed
- Serve as a catalyst for individual and collaborative efforts

The community assessment meetings all followed the same format:

A total of three rounds of initial prioritization occurred in the following areas:

- \* “People and Place” and “Healthy Living”
- \* “Opportunity for Health” and “Injuries and Violence”
- \* Chronic Disease and Conditions

Followed by small group discussion

Resulting in the small group identification of initial set of prioritized issues for each section

The group also reviewed results from each county’s collated opinion surveys to help inform the prioritization process.

A final prioritization process occurred at the end of the meeting where participants were given a number of dots to vote with on their top priority health issues. They were asked to consider the following:

- What issue can we best impact?
- Is there energy around the issue?
- Will addressing the issue improve the health of all?

This final prioritization process provided a ranking of the health issues with their corresponding votes. By the end of the meeting, the top 10 health issues for each meeting were identified.

## **County Based Meeting: Dates and Stakeholder Attendance**

County based meetings were held across the four counties and included input from a broad and diverse stakeholder group including representatives from healthcare, social services, community agencies, education, public health, tribal reservations, faith communities, county advisory committee members, policy makers, etc.

### **Phase 4: Health Priorities**

Health Issues Refined

Presentation of Top 10 Health Issues to Community Health Board

## **Obesity**

There are increased rates of overweight and obesity among adults and children. Obesity leads to long term health issues (e.g. heart disease, diabetes, arthritis, etc.). In the CHB area, 49.5 % of the people are considered obese or overweight (BTH). The percentage of Cook and Lake 12<sup>th</sup> graders who are overweight almost doubled from 2007 to 2010 (MSS).

## **Mental Health**

There are increased rates of untreated or undiagnosed mental health issues (e.g. anxiety, depression, stress) being reported by both youth and adults. In 2010, 14% of ninth grade students had suicidal thoughts and 3% of ninth grade students attempted suicide (MSS). In the CHB area 17.4% of the people reported that they delayed seeking mental health care due to cost (BTH).

## **Alcohol, Tobacco & Drug Use**

There are high rates of alcohol, tobacco, and marijuana use in youth and high rates of binge drinking in adults and adolescents. In the previous 30 days, 44% of twelfth grade students in the CHB area used alcohol and 22% of St. Louis County adults use tobacco. In the CHB area 13.9% of the people are current smokers (MSS).

## **Poverty**

Poverty has a negative impact on health (e.g. poor diet, substance use, lack of access to health care, higher stress, lack of exercise, etc.) Single parent homes are at an even greater risk to live in poverty. In Northeastern Minnesota, people with income of  $\leq 200\%$  of poverty reported a higher incidence of obesity, depression, and food insecurity (BTH).

## **Priority: Adolescent Sexual Activity**

Sexual activity among teens continues to be a concern. According the MSS, there is an increasing number of youth engaged in sexual activity with decreased use of preventive methods. In the CHB area 59% of twelfth graders have had sexual intercourse. Among those sexually active, 40% do not use birth control (MSS).

## **Access to Dental Care**

There is limited access to dental care for low income adults and children, even if covered by a MN Health Care Program. In the CHB area 61.3% either delayed or did not receive dental care because it cost too much and 42.5% stated they delayed or did not receive dental care because they did not have insurance (BTH).

## **Uninsured & Underinsured**

Both adults and children reported that a lack of insurance or being underinsured was the reason they delayed seeking care when needed. There is also a lack of information related to the availability of health services and options for payment of those services. In the CHB area 8.1% of the people are currently uninsured (BTH).

## **Lack of Preventive Services**

Adults and children are not getting preventative screenings and immunizations. In the CHB area (2010) 29.9% adults have never had a colon screening and 13.3% have never had a cholesterol screening. In addition, 10.2% of women have never had a mammogram (BTH). Reported participation rates for complete child and teen checkups were in 2009- 72%, 2010- 73% and 2011- 70% (DHS).

## **Lack of Physical Activity**

Adults and adolescents are less active than recommended for optimal health. Higher participation levels of physical activity are needed to impact overall health. In 2010, 29.5% of the adults in the CHB area reported they participated in vigorous activity 3 or more times per week and 42.3% in moderate activity 5 days a week (BTH). In 2010, the percentages of adolescents who reported as physically active for at least 30 minutes on at least 5 of the last 7 days were 6<sup>th</sup> - 47%, 9<sup>th</sup> graders- 57% and 12<sup>th</sup> graders- 46% (MSS).

## **Food Insecurity**

Increased rates for food assistance and support programs indicate food insecurity which results in a negative impact on overall health. Food insecurity limits access to healthy foods. In the CHB area 7.6% of BTH respondents reported they had used the food shelf. In addition, 39.3% of students were eligible for free or reduced lunch (MSS).

**In attendance:**

**Lake County – September 24, 2012**

Lakeview Memorial Hospital:	JoAnn Hoag
Lakeview Clinic Manager:	Brad Alm
Lake Superior Community Education Director:	Chris Langenbrunner
Lake County Medical Consultant:	Dr. Leppink
Lake County Commissioner	Dr. Tom Clifford
Lake County Human Services Director	Vickie Thompson
Lake County Public Health Supervisor	Michelle Backes-Fogelberg
Lake County Public Health Advisory Committee member:	Nancy Christenson
Two Harbors Area Partners Director:	Kristen Cruikshank
Lake County SHIP Coordinator:	Forrest Johnson

**Cook County – October 22, 2012**

Cook County North Shore Hospital and Care Center – Administrator:	Kimber Wraalstad
North Shore Hospital Board:	Tom Spence
Sawtooth Mountain Clinic:	Rita Plourde
Cook County PH & HS:	Sue Futterer, Joni Kristenson, Grace Buschard, Allison Heeren
Cook County PH & HS Advisory Committee:	Diane Pearson
Cook Co Rep on Community Health Board:	Diane Pearson
Cook County Community Center and Extension Service:	Diane Booth
Care Partners:	Kay Olson
North Shore Health Care Foundation:	Karl Hansen
Cook County Board of Commissioners:	Sue Hakes



## **St. Louis County – Northern Site (Mountain Iron) October 26, 2012**

Fairview Range Hospital	David Hohl
Northern St. Louis Family Services Collaborative:	Edie Carr
Salvation Army:	Debbie Stahl
AEOA Planning:	Lorrie Janatopulos
AEOA HeadStart:	Chuck Neil
Laurentian Clinic:	Todd Scaia
Virginia Medical Center:	Michelle Flemming
Ely Community Member:	Wendy Nelson
Ely Community Resource Agency:	Julie Hingel
School Nurse:	Wendy Newcomb
St. Louis County Public Health:	Guy Peterson
St. Louis Co. PH & HS Advisory Committee Member:	Tony Cuso
Cook Hospital:	Mike Holmes
St. Luke's	Todd Scaia
Essentia Health-Northern Pines:	Cindy Loe
Essentia Health – Virginia:	Dan Milbridge

## **Carlton County – November 5, 2012**

Community Memorial Hospital:	Rick Bruer and Nancy Taggert
Mercy Hospital:	Jason Douglas
Carlton County PH & HS:	Dave Lee, Terri Allen, Pam Brumfeldt, Joanne Erspamer, Meghann Condit
Carlton Co. Children & Family Services Collaborative:	Donna Lekander
Veteran's Services Director:	Duane Brownie
Public Health Advisory Committee:	Loren Bergstedt
PH Advis Committee and CHB Board:	Barb Little
Carlton County Volunteer Services	Jill Hatfield

Villa Vista Nursing Home & Moose Lake School Board:	Julie Peterson
Carlton County Human Services Advisory Board:	Jerry Pederson
Sunnyside Nursing Home:	Wendy Lonetto
Fond du Lac College:	Mary Monsen
Residents from Cromwell:	Liz Thom
Fond du Lac Reservation:	Nate Sandman
U of M Extension Nutrition Program:	Janet Adkins

**St. Louis County – Southern Site (Duluth) – November 7, 2012**

Lake Superior College - Nursing Program:	
Arrowhead Parish Nurse Association:	Pam Franklin
Essentia:	Dr. Tim Zager and Dr. Nancy Beery
Essentia:	Barb Westberg
American Lung Association:	Jill Rogers
Integrity Health:	Bruce Penner
Lake Superior Healthcare Center:	Mavis Beehm, Dr. Jacob Prunuske
Area Agency on Aging:	Catherine Sampson
Community Action Duluth:	Angie Miller
Institute for Sustainable Futures:	Jamie Harvie
St. Luke's Hospital:	Dr. Mary Boylan
CHUM Agency:	Shari Flesness
LISC Director:	Pam Kramer
Gloria Dei Lutheran Church:	Patti Maguire
United Way:	Emily Way
UMD Medical School:	Dr. Jacob Prunuske
Ely Bloomenson Hospital:	Nancy Andrea

## **Phase 5: Next Steps for Development of Community Health Improvement Plan**

- A. Completed an environmental scan identifying current activities, community partners and gaps in services.
- B. Formed a Workgroup to Develop a Community Health Improvement Plan to address the top prioritized health issues:
  - Participants in the CHIP workgroup included: PHHS Directors and PH Leaders, Local PH Content Experts, CHB Administrator and CHB Content Expert Staff.
  - Documents from the CHA process were shared and discussed with all participants.
- C. The CHIP Workgroup identified the following top priority issues to address through the CHIP plan, using a 4-square joint ranking process, comparing each of the top 10 priorities:
  - Priority of each issue to the Community Health
  - Resources available to address each issue

### **1. Obesity**

There are increased rates of overweight and obesity among adults and children. Obesity leads to long term health issues (e.g. heart disease, diabetes, arthritis, etc.). In the CHB area, 49.5 % of the people are considered obese or overweight (BTH). The percentage of Cook and Lake 12th graders who are overweight almost doubled from 2007 to 2010 (MSS).

### **2. Mental Health**

There are increased rates of untreated or undiagnosed mental health issues (e.g. anxiety, depression, stress) being reported by both youth and adults. In 2010, 14% of ninth grade students had suicidal thoughts and 3% of ninth grade students attempted suicide (MSS). In the CHB area 17.4% of the people reported that they delayed seeking mental health care due to cost (BTH).

D. The CHIP Action Plan was then developed with input from the workgroup, and LPH Teams. Draft versions of the plan were shared with the CCLSL CHB Board, County LPH Teams, the 4-county PH Advisory Boards/Committees and the SHIP Regional Leadership Team, for input and recommendations for additions/revisions.

E. **Healthy Inequity:** Communities experiencing greater health inequity in our region, due to race/ethnicity, and poverty also experience a higher burden of both obesity and mental health issues. Throughout implementation the CHIP, the Public Health Program teams, SHIP staff and community members and organizations (Health Systems, Food Shelves, Community Gardens, Schools serving students with higher rates of free and reduced lunch, Mental Health Services providers, Health Equity and Social Justice organizations, and others) will look for opportunities to work with communities experiencing greater health inequity, to implement CHIP Objectives and Action Steps.

F. **Alignment with Statewide Local Public Health Objectives:**

**Recommendation 6:** The Statewide Local Public Health Objectives should be linked to other work for the local public health system that is currently under development.

**This work includes:**

1. **Eliminating health disparities and achieving health equity**
2. **Prevent and Reduce Obesity**
3. **Promote Optimum Mental Health**

Carlton-Cook-Lake-St. Louis CHB - CHIP Action Plan

CHIP: ACTION PLAN

Priority Issue: Obesity		GOAL: Promote health and support active living, healthy eating through policy, system and environmental change.		
#1 SMART Objective: Add a minimum of eight physical activity opportunities by 2020 for all ages.				
Status of Objective			Status of Objective	
ACTION STEPS	BY WHEN	RESOURCES NEEDED	LEAD PERSON	STATUS WITH DATES
1a Consult with SHIP Core Team	Monthly	None	SHIP Coordinator within County	Calls occur monthly - second Monday of the month
1 Health Impact Assessments	Ongoing	Funding to expand HIE processes	City of Duluth, City of Cloquet	Duluth: In process Cloquet: Completed December 2014
2 Education on Activity	Ongoing	SHIP strategies: Active School Day, Active Transportation/Living, Safe Routes to School, Worksite Wellness	SHIP Coordinators	See SHIP matrix and local workplans
Start with what you do now goal for 30 min pedometers available				
3 Support options for low cost or free physical activity for kids and adults	Ongoing	SHIP Coordinators and School Staff, Trainings, Funding	SHIP coordinators	Carlton County: MOVE Camps, Community Education, ECFE, Safe Routes to School, Active School Day, Active Transportation
4 Yack Trax or other available for winter walking	Annually in the fall	Funding, rental system, organizer	TBD	Pilot in Cook County, then evaluate for expansion
5 Walk Around Lake Superior as a regional initiative	Summer 2017	Program organizer, partners	TBD	Plan for one community in each county
6 Winter stroller routes	Winter 2018	City/County and Community Members for snow removal, promotion	TBD	Plan to pilot in 2 communities
7 Subsidies from insurance companies for gym memberships and /or nutritionist visits	2018	Point person, list of insurance companies and available benefits	CHB partner with MDH - 1422	Carlton County: In place for gym memberships through county insurance. No nutritionist visits at this time.
8 Collaborate to establish indoor play areas for winter /rainy activity for children	2016	Community Partners, facilities, funding, shared-use agreements	SHIP Coordinators	Carlton County: Schools - Active School Day, open gym, open walking spaces, etc. Local business with indoor space
9 Expand Bike Fleets throughout the region available to childrens and adults.	Ongoing	Funding, partners, systems, training,	Meghann Levitt Shawna MullenEardley	Carlton County: Bicycle Fleet active since Fall 2014 - within six districts 2014-2015 school year. MN DOT funding. Duluth YMCA: Bike Fleet Grant awarded January 2015 (MN DOT).

Carlton-Cook-Lake-St. Louis CHB - CHIP Action Plan

<b>#2 SMART Objective: Identify a minimum of eight new community partners by 2020</b>			<b>Status of Objective</b>	
<b>ACTION STEPS</b>	<b>BY WHEN</b>	<b>RESOURCES NEEDED</b>	<b>LEAD PERSON</b>	<b>STATUS WITH DATES</b>
<i>Current Partners within PH</i>				
1 Public Health Leaders join other local/and regional coalition Hunger Solutions MN, Local Food shelves, organizations working with seniors, businesses committees, community advisory councils	2015-2016	PH leaders time and approvals of supervisors to participate ,funding for informational/ educational supplies	CHB - Reg Food Coord	
2 Out reach to other health care providers; hospitals, clinics, rehab centers, fitness centers, organizations both for profit and now profit; Schools; Chambers, and businesses to partner in implenting PSE changes that support healthy eating/active living.	12/31/2016	staff, time and funding for informational/ educational supplies	CHB - Reg Food Coord, Local SHIP Coordinators	
3 Improve collaboration with local/ regional initiatives; SHIP , Health Systems, Hospitals, Clinics, Mental Health Services Providers and others.	12/31/2015	staff, time and funding for informational/ educational supplies	CHB - Clinic-comm linkage Coord	

Magnets for Healthy food Jar openers for Seniors, Walking Route Maps, Healthy Northland Web tool Accessibility with

<b>#3 SMART Objective: Increase number of adults that consume five or more fruits and vegetables per day by 20% by 2020</b>			<b>Status of Objective</b>	
<b>ACTION STEPS</b>	<b>BY WHEN</b>	<b>RESOURCES NEEDED</b>	<b>LEAD PERSON</b>	<b>STATUS WITH DATES</b>
1a Review BTH	7/1/2015			
1 Expand Healthy Corner Stores, healthy options in rural grocery stores	2016 and ongoing	Staff and plan for 1422 - Reg Food Coord	Local SHIP Coord and Reg Food Coord	
2 Develop/Launch Healthy Eating Education Initiative	2016 and ongoing	Staff and plan for 1422 - Reg Food Coord	Local SHIP Coord and Reg Food Coord	
3 Work with food shelves to provide "cooking" or How To use veggied education	2015 and expand	Staff and plan for 1422 - Reg Food Coord	Local SHIP Coord and Reg Food Coord	Pilot in Lake County 1/2015. Continue to expand
4 Healthy Food Options in Food Shelf	2015 and expand	Staff and plan for 1422 - Reg Food Coord	Local SHIP Coord and Reg Food Coord	

Carlton-Cook-Lake-St. Louis CHB - CHIP Action Plan

02.06.2015

CHIP: ACTION PLAN

Priority Issue: Mental Health		GOAL: To Promote Optimum Mental Health			
#1 SMART Objective: Increase the Percentage of postpartum women with a live birth, who receive depression screening within the first year postpartum, by 50%					
ACTION STEPS		BY WHEN	RESOURCES NEEDED	LEAD PERSON	STATUS WITH DATES
1	Educate patients/clients about the importance of discussing postpartum depression	2016	Public Health Nurses	PH MCH Supervisors	
2	Organize support groups for mothers with postpartum depression	2017 pilot in one county, then expand through 2018	Public Health Nurses	PH MCH Supervisors	
3	Postpartum depression screenings in WIC and in primary care (including well baby visits and CTC) with resources for help	2016 pilot, then expand in all counties by 2018	Public Health Nurses Outreach to clinics, grant	PH MCH Supervisors	
4	Education for parents of young children to promote Social/Emotional development and positive relationship development	2015 pilot, then expand to all counties by 2018	Public Health Nurses	PH MCH Supervisors	
5	Assist/promote Mothers/Clients to seek/Get a Mental Health Provider Make Referral	2015	Public Health Nurses	PH MCH Supervisors	
6	Increase resources to promote social emotional/ Mental Health development for birth to age five. (Build capacity)	2015 pilot resources and expand through 2018	Public Health, Nurses (Circles of Security, ABC, PIPE), Collaboration with community partners	PH MCH Supervisors	
7	Increase our CTC outreach with a focus on the 0 to 5yr old population (determine the % of Mental Health concerns) then put goals in place to do outreach	2016	Health Educators and Public Health Nurses	PH MCH Supervisors	
8	Reduce barriers for family's to access to Mental Health services by educating Insurance Company of the cost benefits etc.	2016 - 2018	Supervisors, Directors, CHB, and consult with MDH	PH MCH Supervisors	
9	Continue to integrate current relationship based interventions with Maternal Child Health home visiting (moving from "education" to "implicit" learning, long term work with families).	2015 - 2018	Insurance Companies Public Health Supervisors, CHB	PH MCH Supervisors	

**Carlton-Cook-Lake-St. Louis CHB - CHIP Action Plan**

**#2 SMART Objective: Engage in a minimum of six collaborative opportunities for Mental Health promotion within schools by 2020**

**Status of Objective**

<b>ACTION STEPS</b>	<b>BY WHEN</b>	<b>RESOURCES NEEDED</b>	<b>LEAD PERSON</b>	<b>STATUS WITH DATES</b>
Collaborate with schools in accessing the needs of preventative mental health services	12-Jan	PHNs, Health Educators, School Nurses	Adult and MCH program supervisors	
1 Active Community And School strategies as a mental health promotion activity		PHNs, Health Educators, School Nurses	Adult and MCH program supervisors	
2 Depression screening Day in school		PHNs, Health Educators, School Nurses	MCH supervisors	
3 Increase school based family intervention	Pilot 2016, Myers-Wilkins ACH, then expand to other schools	PHNs, Health Educators, Grant	Adult and MCH program supervisors	
4 Review evidence-based practice, and develop plan for reducing stigma associated with Mental Health.		PHNs, Health Educators and Grant	CHB Admin and PH Leaders	

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**#3 SMART Objective: Add a minimum of two resources per county, through 2020, that addresses Mental Health intervention and early detection**

**Status of Objective**

<b>ACTION STEPS</b>	<b>BY WHEN</b>	<b>RESOURCES NEEDED</b>	<b>LEAD PERSON</b>	<b>STATUS WITH DATES</b>
Identify and create an Education/Training Plan Such as: Social Determinants of Health ACES/Secondary Trauma TXT4Life Culture of Competence ASQSE Public Service Announcements	2017	CHB Admin, PH Leaders, TXT4Life staff, Mental Health Providers, Grant funds	CHB Admin and PH Leaders	
1 Update on Region 3 Mental Health Initiatives work plan, Plan for Trainings, Prioritize Initiatives: Mental Health Month (May), Make It OK Campaign, XT4Life	Quarterly	CHB Admin, PH Leaders, TXT4Life staff, Mental Health Providers, Grant funds	PH Leaders and CHB Communications Specialist	
2 Create and Promote Mental Health resources: Regional Mental Health Provider List, Links to Educational resources (such as NAMI, SAVE. Other)	2015 and review yearly	CHB Admin, PH Leaders, TXT4Life staff, Mental Health Providers, Grant funds	PH Leaders and CHB Communications Specialist	

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